



## TANNING FACILITY PERMIT APPLICATION

### ENVIRONMENTAL HEALTH SERVICES DIVISION

Davis County Health Department

22 South State Street, Clearfield, Utah 84015

Mailing Address: P.O. Box 618, Farmington, Utah 84025

Telephone: 801-525-5128 TDD 801-451-3228 Fax: 801-525-5119

Establishment's Name \_\_\_\_\_ Establishment Phone # \_\_\_\_\_ # of Tanning Beds \_\_\_\_\_

Establishment's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Invoice Address

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Mailing Address

Name \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

#### Owner Information

Corporation Name \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Individual ☐ Partnership ☐ L.L.C. ☐ Corporation ☐ \_\_\_\_\_

#### Hours of Operation:

Property Owner

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Street/P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Plan Review ☐

Requested permit will be issued only after a satisfactory pre-opening inspection has been conducted and the required permit fee has been received. Operating a tanning establishment prior to permit issuance, other than an authorized renewal procedure, is a Class B Misdemeanor. Applicant agrees that maintenance of a health permit is predicated on compliance with the Davis County Regulation on Tanning Facilities. This permit is revocable for non-compliance.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Title: \_\_\_\_\_

#### OFFICE USE ONLY

Number of Devices \_\_\_\_\_ Rooms \_\_\_\_\_ Square Footage \_\_\_\_\_ Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_

Date Paid \_\_\_\_\_ Receipt # \_\_\_\_\_ Amount Paid \_\_\_\_\_